

219821

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Geneva Holguin
dba MR. RENT'S TAXI
RECEIVED

OCT 23 2009

ORS
T.T.W.W.W

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER 2003-341-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Telephone: (843) 821-3545

Address:

328 Twin Lake Dr
Summerville, SC
29483

Fax:

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Application - Class C Taxi | <input checked="" type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

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PSC SC
DOCKETING DEPT.

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
Docketing Department
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

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DATE: _____

I have the following Certificate:

ORS
T.T.W.W.W

☒ Class C Taxi # 7418 ☐ Class C Charter # _____ ☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☐ Name Change (Complete the additional document included with this form for a name change ONLY if you are removing an individual's name from the certificated name. Otherwise throw the form away.)

From: _____ DBA: _____
(Current Name) (Current DBA if applicable)

To: _____ DBA: _____
(New Name) (New DBA if applicable)

☒ Scope of Authority Charleston, Dorchester and Beaufort Counties to: State wide
From: 328 Twin Lake Dr
(Current Scope) (New Scope)

☐ Passenger Limit
From: Passenger To: 7 Pass
(Current Limit Number) (New Limit Number)

Geneva Holdings DBA H.R. PAETAXI 328 Twin Lake Dr
(Name & DBA if applicable) (Street and/or Mailing Address)

Summerville, SC 29485 Geneva D. Holguin
(City, State, Zip Code) (Signature)

(843) 821-3545 Owner
(Telephone Number) (Title)